
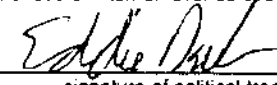
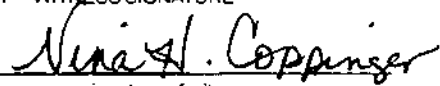
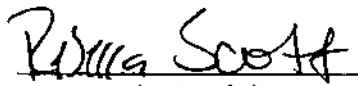


CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT 7-12-10		2.a. NAME OF CANDIDATE OR COMMITTEE Jim Coppinger													
2.b. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE May 4 Primary													
4.a. CAMPAIGN ADDRESS AND PHONE <div style="display: flex; justify-content: space-between;"> Street or Rural Route 212 Masters Rd City Hixson State TN Zip Code 37343 Phone 843-1739 </div>															
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) <div style="display: flex; justify-content: space-between;"> Street or Rural Route Same City State Zip Code Phone </div>															
5. OFFICE SOUGHT (include district number, if applicable) County Commissioner		6. NAME OF POLITICAL TREASURER (may be candidate) Eddie Davidson													
7. CATEGORY OF REPORT (Check one) <div style="display: flex; justify-content: space-around; font-size: small;"> <div><input type="checkbox"/> FIRST QUARTER</div> <div><input type="checkbox"/> SECOND QUARTER</div> <div><input type="checkbox"/> THIRD QUARTER</div> <div><input type="checkbox"/> FOURTH QUARTER</div> <div><input type="checkbox"/> PRE-PRIMARY</div> <div><input checked="" type="checkbox"/> PRE-GENERAL</div> <div><input type="checkbox"/> MID-YEAR SUPPLEMENTAL</div> <div><input type="checkbox"/> YEAR-END SUPPLEMENTAL</div> </div>															
8.a. BEGINNING DATE OF REPORTING PERIOD 4-25-10		8.b. ENDING DATE OF REPORTING PERIOD 6-30-10													
9. (Check one) <div style="margin-top: 10px;"> a. <input type="checkbox"/> This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.) b. <input checked="" type="checkbox"/> This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period. </div>															
10. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;">  signature of candidate </div> <div style="text-align: center;"> 7-12-10 date </div> <div style="text-align: center;">  signature of political treasurer </div> <div style="text-align: center;"> 7-12-10 date </div> </div>															
11. WITNESS SIGNATURE <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;">  signature of witness </div> <div style="text-align: center;"> 7-12-10 date </div> <div style="text-align: center;">  signature of witness </div> <div style="text-align: center;"> 7-12-10 date </div> </div>															
12. SUMMARY <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">a. BALANCE ON HAND LAST REPORT</td> <td style="width: 20%; text-align: right;">\$ 3755.88</td> </tr> <tr> <td>b. TOTAL RECEIPTS THIS PERIOD</td> <td style="text-align: right;">\$ 0</td> </tr> <tr> <td>c. TOTAL DISBURSEMENTS THIS PERIOD</td> <td style="text-align: right;">\$ 558.02</td> </tr> <tr> <td>d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)</td> <td style="text-align: right;">\$ 3197.86</td> </tr> <tr> <td>e. TOTAL LOANS OUTSTANDING</td> <td style="text-align: right;">\$ 0</td> </tr> <tr> <td>f. TOTAL OBLIGATIONS OUTSTANDING</td> <td style="text-align: right;">\$ 0</td> </tr> </table>				a. BALANCE ON HAND LAST REPORT	\$ 3755.88	b. TOTAL RECEIPTS THIS PERIOD	\$ 0	c. TOTAL DISBURSEMENTS THIS PERIOD	\$ 558.02	d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	\$ 3197.86	e. TOTAL LOANS OUTSTANDING	\$ 0	f. TOTAL OBLIGATIONS OUTSTANDING	\$ 0
a. BALANCE ON HAND LAST REPORT	\$ 3755.88														
b. TOTAL RECEIPTS THIS PERIOD	\$ 0														
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ 558.02														
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	\$ 3197.86														
e. TOTAL LOANS OUTSTANDING	\$ 0														
f. TOTAL OBLIGATIONS OUTSTANDING	\$ 0														



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) <u>Jim Coppinger</u>	14. REPORT COVERING THE PERIOD FROM: <u>4-25-10</u> TO: <u>6-30-10</u>
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RECEIPTS
 15. CONTRIBUTIONS (other than loans and interest)

- a. Unitemized Contributions (\$100 or less from each source this period) \$ _____
- b. Itemized Contributions (over \$100 from each source this period) \$ _____
- c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) \$ _____

 16. LOANS RECEIVED THIS REPORTING PERIOD \$ _____
 17. INTEREST RECEIVED THIS REPORTING PERIOD \$ _____
 18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) \$ 0

DISBURSEMENTS
 19. EXPENDITURES (other than loan payments)

- a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline)

<u>Bank Fees</u>	\$	<u>40.00</u>
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____

Total of Expenditures (\$100 or less each payee)	\$	<u>40.00</u>
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- b. Itemized Expenditures (Over \$100 each payee this period) \$ 518.02
- c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) \$ 558.02

 20. LOAN REPAYMENTS MADE THIS PERIOD \$ _____
 21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) \$ 558.02

22. IN-KIND CONTRIBUTIONS

- a. Unitemized in-kind contributions (\$100 or less from each source this period) \$ _____
- b. Itemized in-kind contributions (over \$100 from each source this period) \$ 825.00
- c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.) \$ 825.00

23. OBLIGATIONS

- a. Unitemized Obligations Outstanding (\$100 or less each) \$ _____
- b. Itemized Obligations Outstanding (Over \$100 each) \$ _____
- c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown in item 12.f.) \$ 0



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1 NAME OF CANDIDATE OR COMMITTEE Jim Coppinger				2. REPORT COVERING THE PERIOD FROM 4-25-10 TO: 6-30-10		
3 TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount:	
4 COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)						
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		825.00
Address				Date of In-Kind Contribution		Aggregate this Election
City		State		Zip Code		825.00
Occupation		Employer		Description of In-Kind Contribution		
				Advertising Materials		
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		
Address				Date of In-Kind Contribution		Aggregate this Election
City		State		Zip Code		
Occupation		Employer		Description of In-Kind Contribution		
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		
Address				Date of In-Kind Contribution		Aggregate this Election
City		State		Zip Code		
Occupation		Employer		Description of In-Kind Contribution		
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		
Address				Date of In-Kind Contribution		Aggregate this Election
City		State		Zip Code		
Occupation		Employer		Description of In-Kind Contribution		
5 TOTAL ITEMIZED IN-KIND CONTRIBUTIONS (Carry forward to item 3 of next page if additional pages of this form are used.) (If this is the last page of in-kind contributions, this amount must be shown in item 22b. of summary.)					825.00	

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Jim Coppinger		2. REPORT COVERING THE PERIOD FROM: 4-25-10 TO: 6-30-10	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount 0
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)			
First Name Kay		Middle Name	Purpose of Expenditure Advertising Promotional Materials
Last Name/Business Name Billingsly			Amount of Expenditure 358.27
Address Hixson - 1637 Brook Manor			
City Hixson	State TN	Zip Code 37343	
First Name		Middle Name	Purpose of Expenditure
Last Name/Business Name Daveds Deli			Amount of Expenditure 159.75
Address 7639 Middle Valley Rd			
City Hixson	State TN	Zip Code 37343	
First Name		Middle Name	Purpose of Expenditure
Last Name/Business Name			Amount of Expenditure
Address			
City	State	Zip Code	
First Name		Middle Name	Purpose of Expenditure
Last Name/Business Name			Amount of Expenditure
Address			
City	State	Zip Code	
First Name		Middle Name	Purpose of Expenditure
Last Name/Business Name			Amount of Expenditure
Address			
City	State	Zip Code	
First Name		Middle Name	Purpose of Expenditure
Last Name/Business Name			Amount of Expenditure
Address			
City	State	Zip Code	
First Name		Middle Name	Purpose of Expenditure
Last Name/Business Name			Amount of Expenditure
Address			
City	State	Zip Code	
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 15b. of summary.)			518.02